

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

JAN 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41390
State File No. 11
Registrar's No.

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether years, months or days)
In this community 49 years.

3. (a) PRINT FULL NAME Peter Mathew Waller

5. (b) If veteran, name war None 3. (c) Social Security No. 491-09-6838

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Viola G. Waller 6. (c) Age of husband or wife if alive 59
7. Birth date of deceased January 31 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 10 Days 5 If less than one day hr. min.

9. Birthplace Stewartsville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Warehouse forman

11. Industry or business Brown Transfer Co.

12. Name Jacob Waller
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Kessler
15. Birthplace Unknown of Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Viola G Waller

(b) Address 1302 S. 17th Str. St. Joseph, Mo.

17. (a) Burial (b) Date thereof Dec. 9, 1941.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Norman W. Sedufaden

(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) Dec 8, 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1302 S. 17th Str.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6th
year 1941 hour 1. minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov. 28 1941 to Dec 6 1941
that I last saw him im alive on Dec. 6 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Glomerulonephritis Duration 3 years

Due to Hypertension, Heart Disease, 3 years
arteriosclerotic Hypertension 3 years

Due to

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations =

Of autopsy -

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury no

23. Signature [Signature] (M. D. or other) no

Address Kidney St. St. Joseph Date signed 12/6/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Albert B. Harrington

Licensed Embalmer No.....

3258

P. O. Address.....

St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.